

STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DOCUMENTATION FOR
HOSPITAL QUARTERLY FINANCIAL AND
UTILIZATION DATA
ON OSHPD WEB-SITE

For Calendar Quarters Ending in

1997, 1998, and 1999

January, 2001

GENERAL INFORMATION

Hospital Quarterly Financial and Utilization Data are available on the OSHPD web-site for calendar quarters beginning with first quarter of 1996 to the most recent, completed data sets. Data for the individual quarters in 1995 are not available for download, however they are summarized for calendar year 1995. Data files for the individual, pre-1996 quarters are available for purchase on diskette by contacting the OSHPD Healthcare Information Resource Center (HIRC, formerly Data Users Support Group) at (916) 322-2814.

Documentation Sections

This documentation is comprised of several sections:

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Appendix A, is a copy of a blank 1999 Hospital Quarterly Financial and Utilization Report form. Because the Quarterly Reporting requirements remained unchanged from 1997 through 1999, the sample 1999 Quarterly Reporting form is also representative of the 1997 and 1998 data collection instruments.

DATA FILE DESCRIPTION

Each line (row) represents one hospital. All the data elements which are reported on the Hospital Quarterly Financial and Utilization Report are provided. Several other data elements, including HSA, HFPA, and Type of Control, have been added. Other fields, including inpatient and outpatient operating expenses, were derived from the reported data.

In the record layout that follows, these data format representations are used:

<u>CODE</u>	<u>Representation</u>	<u>Meaning</u>
TEXT	Alphanumeric	Alphabetic and/or numeric data, left justified, and space filled
There are double quotes (") around text fields in the comma-delimited (csv) format since they may contain a comma as data.		
NUMERIC	Numeric (comma-delimited)	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)
A zero is used to denote a data field which is empty or blank. This means that the data field was either not applicable or no relevant financial or utilization data existed.		

Standard Data File Format

The Quarterly Financial files are comma separated value (csv) files, which will easily import into most spreadsheet software. The file contains 78 data elements (not all of which may be present) on each of the approximately 510 hospitals which submitted a quarterly report to OSHPD.

If you have trouble processing the data, contact a technical representative in HIRC at (916) 322-2814, and indicate your concerns. We attempted to produce a data product that will meet the needs of most data users, but do not want to exclude anyone from gaining access to the data.

EXCEPTIONAL DATA FIELDS

New Data Field Added in 1997

In 1997, one data field, "Capitation Premium Revenue" was added. This data item represents the amounts received and due from managed care health plans under a capitated contract. Prior to 1997, these amounts were credited (netted) against Other Third Parties - Contractual Adjustments.

<u>Location</u>	<u>Line No.</u>	<u>Field Name</u>
BI	155	Capitation Premium Revenue

Note: We placed the Capitation Premium Revenue data field in accordance with its location on the 1997 Quarterly Financial and Utilization Report form, which is line 155. This means that all 1996 data field locations designated as BI through BY are listed as BJ through BZ for 1997 through 1999.

Changed Data Field

For "Year 2000" (Y2K) compliance, effective with the 3rd quarter of 1998, the data field format for the Report Period Begin Date and End Date is "MMDDCCYY", where MM = Month, DD = Day, CC = Century, and YY = Year. For quarters ended in 1997 and the 1st and 2nd quarters of 1998, the data field format for the Begin Date and End Date format is "MMDDYY".

Optional Data Fields

There are eight optional data items on the quarterly report. Since these items are not required to be reported, hospitals may not be reporting them consistently or uniformly from quarter to quarter. The optional fields are:

<u>Location</u>	<u>Line No</u>	<u>Field Name</u>
T	55	Discharges Long-term Care
AA	75	Patient Days Long-term Care
AK	110	Physicians Professional Component Expenses
BV	200	Disproportionate Share Funds Transferred
BW	205	Purchased Inpatient Services Discharges
BX	210	Purchased Inpatient Services Patient Days
BY	215	Purchased Inpatient Services Expenses
BZ	220	Purchased Inpatient Services Revenue

Additional Data Fields

There are three fields which are not reported on the quarterly report form, but are included on the file to assist data users. The additional fields are:

<u>Location</u>	<u>Line No.</u>	<u>Field Name</u>
F	---	Health Service Area (HSA)
G	---	Health Facility Planning Area (HFPA)
H	---	Type of Control

Calculated Data Fields

There are two fields which are not reported by hospitals and are calculated using reported data. The calculated fields are:

<u>Location</u>	<u>Line No.</u>	<u>Field Name</u>
AI	---	Inpatient Operating Expenses
AJ	---	Outpatient Operating Expenses

FILE SPECIFICATIONS

(COMMA-DELIMITED FORMAT)

FILE NAME: Hospital Quarterly Financial Disclosure file Naming Convention is:

qtrYYQ.csv, where YY is the two-digit year code and Q is a single-digit Quarter code (1-4).

RECORD LENGTH: 1200

RECORD LAYOUT

Column	Line #	Description	Position		Field Size
			Begin	End	
A	2	OSHPD Facility Number	1	9	9
B	---	Year	11	14	4
C	---	Quarter	16	16	1
D	* 1	Name	19	58	40
E	* 4	City	62	81	20
F	---	HSA	85	86	2
G	---	HPPA	90	93	4
H	---	Type Of Control	97	97	1
I	* 19	Begin Date	101	106	6
J	* 20	End Date	111	116	6
K	25	Licensed Beds	119	124	6
L	30	Available Beds	126	131	6
M	35	Staffed Beds	133	138	6
N	41	Discharges Medicare	140	147	8
O	42	Discharges Medi-Cal	149	156	8
P	43	Discharges County Indigent Programs	158	167	10
Q	44	Discharges Other Third Parties	169	178	10
R	49	Discharges Other Payors	180	189	10
S	50	Discharges Total	191	198	8
T	55	Discharges Long-term Care	200	209	10
U	61	Patient Days Medicare	211	220	10
V	62	Patient Days Medi-Cal	222	231	10
W	63	Patient Days County Indigent Programs	233	242	10
X	64	Patient Days Other Third Parties	244	253	10
Y	69	Patient Days Other Payors	255	264	10
Z	70	Patient Days Total	266	275	10
AA	75	Patient Days Long-term Care	277	286	10

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

FILE SPECIFICATIONS

RECORD LAYOUT

Column	Line #	Description	Position		Field Size
			Begin	End	
AB	81	Outpatient Visits Medicare	288	297	10
AC	82	Outpatient Visits Medi-Cal	209	308	10
AD	83	Outpatient Visits County Indigent Programs	310	319	10
AE	84	Outpatient Visits Other Third Parties	321	330	10
AF	89	Outpatient Visits Other Payors	332	341	10
AG	90	Outpatient Visits Total	343	352	10
AH	100	Total Operating Expenses	354	364	11
AI	---	Inpatient Operating Expenses	366	376	11
AJ	---	Outpatient Operating Expenses	378	388	11
AK	110	Physician Professional Component Expenses	390	400	11
AL	121	Gross Inpatient Revenue Medicare	402	412	11
AM	122	Gross Inpatient Revenue Medi-Cal	414	424	11
AN	123	Gross Inpatient Revenue County Indigent Programs	426	436	11
AO	124	Gross Inpatient Revenue Other Third Parties	438	448	11
AP	129	Gross Inpatient Revenue Other Payors	450	460	11
AQ	130	Gross Inpatient Revenue Total	462	472	11
AR	131	Gross Outpatient Revenue Medicare	474	484	11
AS	132	Gross Outpatient Revenue Medi-Cal	486	496	11
AT	133	Gross Outpatient Revenue County Indigent Programs	498	508	11
AU	134	Gross Outpatient Revenue Other Third Parties	510	520	11
AV	139	Gross Outpatient Revenue Other Payors	522	532	11
AW	140	Gross Outpatient Revenue Total	534	544	11
AX	141	Deductions Medicare	546	556	11
AY	142	Deductions Medi-Cal	558	568	11
AZ	143	Deductions Disproportionate Share Payments	570	580	11
BA	145	Deductions County Indigent Programs	582	592	11
BB	146	Deductions Other Third Parties	594	604	11
BC	147	Deductions Bad Debts	606	616	11
BD	148	Deductions Charity - Hill-Burton	618	628	11
BE	149	Deductions Charity - Other	630	640	11

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

FILE SPECIFICATIONS

RECORD LAYOUT

Column	Line #	Description	Position		Field Size
			Begin	End	
BF	150	Deductions Restricted Donations and Subsidies for Indigent Care	642	652	11
BG	151	Deductions Teaching Allowances	654	664	11
BH	152	Deductions Clinical Teaching Support	666	676	11
BI	155	Deductions Capitation Premium Revenue	678	688	11
BJ	159	Deductions Other Adjustments and Allowances	690	700	11
BK	160	Deductions Total	702	712	11
BL	161	Net Patient Revenue Medicare	714	724	11
BM	162	Net Patient Revenue Medi-Cal	726	736	11
BN	163	Net Patient Revenue County Indigent Programs	738	748	11
BO	164	Net Patient Revenue Other Third Parties	750	760	11
BP	169	Net Patient Revenue Other Payors	762	772	11
BQ	170	Net Patient Revenue Total	774	784	11
BR	180	Other Operating Revenue	786	796	11
BS	185	Net Nonoperating Revenue and Expenses	798	808	11
BT	190	Capital Expenditures	810	820	11
BU	195	Fixed Assets, Net	822	832	11
BV	200	Disproportionate Share Funds Transferred	834	844	11
BW	205	Purchased Inpatient Services Discharges	846	856	11
BX	210	Purchased Inpatient Services Patient Days	858	868	11
BY	215	Purchased Inpatient Services Expenses	870	880	11
BZ	220	Purchased Inpatient Services Revenue	882	892	11
		Unused Space	893	1200	308

*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 2 (FAC_NO.)

FIELD NAME: OSHPD FACILITY NUMBER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DESCRIPTION: A unique nine-digit facility identifier assigned by OSHPD and created by the former California Health Facilities Commission (CHFC). Prior to January 1987, the identifier was derived by CHFC from the state license number assigned to each facility by the California Department of Health Services (DHS). Effective January 1987, DHS began using a new license numbering scheme. OSHPD chose not to renumber its facility identifiers. All new facilities are assigned a unique number by county in the 4000 and above range.

VALUES

MEANING

N/A

N/A

FORMAT

Positions

Description

1-3

Fixed value of '106'

4-5

County of facility (See next page)

6-9

Unique four-digit number within the county. Prior to January 1987, determined by DHS and derived from the last four digits of the state license number assigned by DHS. Since that time, new facilities have numbers assigned by OSHPD in the 4000 and above range.

DATA FIELD DEFINITIONS

LIST OF CALIFORNIA COUNTIES

Code	Name	Code	Name
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: --- (YEAR)

FIELD NAME: YEAR

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Calendar four-digit year of reporting quarter (CCYY), where CC = Century and YY = Year.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: --- (QTR)

FIELD NAME: QUARTER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Reporting quarter number (based on calendar quarter). Hospitals which use a 13-period accounting cycle have quarterly report periods that do not necessarily coincide with a calendar quarter. The quarter number reflects the reported accounting periods which most closely align with an actual calendar quarter.

<u>VALUES</u>	<u>MEANING</u>
1	January 1 - March 31
2	April 1 - June 30
3	July 1 - September 30
4	October 1 - December 31

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 1 (FAC_NAME)

FIELD NAME: NAME

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name under which the hospital is doing business. This name may differ from the hospital's legal name.

VALUES

MEANING

N/A

N/A

LINE NO./FIELD TITLE: 4 (CITY)

FIELD NAME: CITY

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name of the city in which the hospital is located.

VALUES

MEANING

N/A

N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: --- (HSA)

FIELD NAME: HSA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Service Area (HSA) in which the hospital is located. This geographic area, consisting of one or more contiguous counties, is designated by the Department of Health and Human Services for health planning on a regional basis as required by Public Law 93-641.

<u>VALUES</u>	<u>MEANING</u>
1	Northern California HSA
2	Golden Empire HSA
3	North Bay HSA
4	West Bay HSA
5	East Bay HSA
6	North San Joaquin HSA
7	Santa Clara HSA
8	Mid-Coast HSA
9	Central HSA
10	Santa Barbara/Ventura HSA
11	Los Angeles County HSA
12	Inland Counties HSA
13	Orange County HSA
14	San Diego/Imperial HSA

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: --- (HFPA)

FIELD NAME: HFPA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Facility Planning Area (HFPA) in which the hospital is located. The HFPA is a geographic subdivision of a Health Service Area (HSA) and is defined by OSHPD. They are used for evaluating existing and required hospital facilities and services.

VALUES

MEANING

See Pages 53-56 for a cross-reference list which is sorted in county order and displays the HFPA numbers and related names that are located in that county. Please note that some HFPAs may have boundaries which cross into more than one county.

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: --- (TOC)

FIELD NAME: TYPE OF CONTROL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Denotes the ownership and/or legal organization of a hospital licensee.

<u>VALUES</u>	<u>MEANING</u>
1	Non-Profit (includes church, non-profit corporation, and non-profit other)
2	Investor owned (includes investor-individual, investor-partnership, and investor-corporation)
3	State
4	Government (includes county, city/county, and city)
5	District

LINE NO./FIELD TITLE: 19 (BG_DATE)

FIELD NAME: BEGIN DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: For 1997, and the 1st and 2nd quarters of 1998, the Begin Date format is "MMDDYY". For the 3rd and 4th quarters of 1998 and 1999, the Begin Date format is "MMDDCCYY". Reporting quarter beginning date will be the date of the first day of the calendar quarter unless a hospital submitted a report for part of the period. In this case, the hospital may have submitted more than one report to cover the entire quarter. The multiple reports are combined into one hospital record in the file/spreadsheet. Hospitals which use a 13-period accounting cycle may have a report period begin date that does not coincide with the first day of a calendar quarter. For hospitals that filed no reports for this quarter, "999999" is entered for this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 20 (ED_DATE)

FIELD NAME: END DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: For 1997, and the 1st and 2nd quarters of 1998, the End Date format is "MMDDYY". For the 3rd and 4th quarters of 1998 and 1999, the End Date format is "MMDDCCYY". Reporting quarter end date (MMDDYY) will be the date of the last day of the calendar quarter unless a hospital submitted a report for part of the period. See definition for Line No. 19, Begin Date. Hospitals which use a 13-period accounting cycle may have a report period end date that does not coincide with the last day of a calendar quarter. For hospitals that filed no reports for this quarter, "000000" is entered for this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 25 (LIC_BEDS)

FIELD NAME: LICENSED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of licensed beds (excluding beds placed in suspense and nursery bassinets) stated on the facility license as of the last day of the reporting period. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 30 (AVL_BEDS)

FIELD NAME: AVAILABLE BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average number of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

VALUES

MEANING

N/A

N/A

LINE NO./FIELD TITLE: 35 (STF_BEDS)

FIELD NAME: STAFFED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average complement of beds fully staffed during the quarter, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

VALUES

MEANING

N/A

N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 41 (DIS_MCAR)

FIELD NAME: DISCHARGES MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare was the primary payer. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 44, Discharges Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 42 (DIS_MCAL)

FIELD NAME: DISCHARGES MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medi-Cal was the primary payer. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 44, Discharges Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 43 (DIS_CNTY)

FIELD NAME: DISCHARGES COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a county was responsible for rendered services. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 44 (DIS_THRD)

FIELD NAME: DISCHARGES OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a third party payer other than Medicare, Medi-Cal, and a county was the primary payer. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 49 (DIS_OTH)

FIELD NAME: DISCHARGES OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payer. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 50 (DIS_TOT)

FIELD NAME: DISCHARGES TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 55 (DIS_LTC)

FIELD NAME: DISCHARGES LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term patients discharged from all long-term care daily hospital cost centers during the reporting period, including deaths and transfers to another type of care within the hospital. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These discharges are also included in Line Numbers 41 through 50, as appropriate.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 61 (DAY_MCAR)

FIELD NAME: PATIENT DAYS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare was the primary payer. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 64, Patient Days Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 62 (DAY_MCAL)

FIELD NAME: PATIENT DAYS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medi-Cal was the primary payer. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 64, Patient Days Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 63 (DAY_CNTY)

FIELD NAME: PATIENT DAYS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to indigent patients during the reporting period, excluding nursery days, for which a county was responsible for rendered services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 65 (DAY_THRD)

FIELD NAME: PATIENT DAYS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which a third party payer other than Medicare, Medi-Cal, and a county was the primary payer. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 69 (DAY_OTH)

FIELD NAME: PATIENT DAYS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payer.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 70 (DAY_TOT)

FIELD NAME: PATIENT DAYS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days. Includes long-term care (LTC) days of care provided during the reporting period.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 75 (DAY_LTC)

FIELD NAME: PATIENT DAYS LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term inpatient days of care provided to patients during the reporting period. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These days are also included in Line Numbers 61 through 69, as appropriate.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 81 (VIS_MCAR)

FIELD NAME: OUTPATIENT VISITS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare was the primary payer. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. Ambulatory service centers include Emergency Services (medical and psychiatric), Clinics (hospital-based and satellite), Ambulatory Surgery Centers, Outpatient Chemical Dependency Services, Observation Care, Partial Hospitalization-Psychiatric, Home Health Care Services, Hospice-Outpatient, and Adult Day Health Care. Ancillary services include Clinical Laboratory Services, Radiology-Diagnostic, Physical Therapy, etc. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 84, Outpatient Visits Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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LINE NO./FIELD TITLE: 82 (VIS_MCAL)

FIELD NAME: OUTPATIENT VISITS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medi-Cal was the primary payer. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 84, Outpatient Visits Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 83 (VIS_CNTY)

FIELD NAME: OUTPATIENT VISITS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a county was responsible for rendered services. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 84 (VIS_THRD)

FIELD NAME: OUTPATIENT VISITS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a third party payer other than Medicare, Medi-Cal, and a county was the primary payer. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Includes outpatient visits for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 89 (VIS_OTH)

FIELD NAME: OUTPATIENT VISITS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payer. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 90 (VIS_TOT)

FIELD NAME: OUTPATIENT VISITS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of outpatient visits reported during the reporting period. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 100 (TOT_EXP)

FIELD NAME: TOTAL OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: All operating expenses incurred by the hospital during the reporting period and accrued to the end of the reporting period. This includes all expenses associated with daily hospital services, ambulatory services, ancillary services, purchased inpatient services, research, education, general services, fiscal services, administrative services, and unassigned costs. If the physician professional component is recorded as an expense, it is included in this amount.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: --- (INP_EXP)

FIELD NAME: INPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to inpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross inpatient revenue to the total gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: --- (OUT_EXP)

FIELD NAME: OUTPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to outpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross outpatient revenue to the total gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 110 (PHY_COMP)

FIELD NAME: PHYSICIAN PROFESSIONAL COMPONENT EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Fees paid to hospital-based physicians and residents for providing patient care services. This is not a mandatory reporting item and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 121 (GRI_MCAR)

FIELD NAME: GROSS INPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare was the primary payer. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 122 (GRI_MCAL)

FIELD NAME: GROSS INPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medi-Cal was the primary payer. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 123 (GRI_CNTY)

FIELD NAME: GROSS INPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent inpatients for which a county was responsible for rendered services. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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LINE NO./FIELD TITLE: 124 (GRI_THRD)

FIELD NAME: GROSS INPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payer. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Includes inpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 129 (GRI_OTH)

FIELD NAME: GROSS INPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payer. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 130 (GRI_TOT)

FIELD NAME: GROSS INPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all inpatients. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 131 (GRO_MCAR)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare was the primary payer. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 132 (GRO_MCAL)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medi-Cal was the primary payer. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 133 (GRO_CNTY)

FIELD NAME: GROSS OUTPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent outpatients for which a county was responsible for rendered services. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 134 (GRO_THRD)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payer. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Includes outpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 139 (GRO_OTH)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payer. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 140 (GRO_TOT)

FIELD NAME: GROSS OUTPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all outpatients. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 141 (DED_MCAR)

FIELD NAME: DEDUCTIONS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medicare contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 142 (DED_MCAL)

FIELD NAME: DEDUCTIONS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medi-Cal contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. Includes supplemental Medi-Cal payments made to hospitals during the reporting period under SB 1732 (Statutes of 1988), SB 1255 (Statutes of 1989), and Graduate Medical Education Funds.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 143 (DED_DISP)

FIELD NAME: DEDUCTIONS DISPROPORTIONATE SHARE PAYMENTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The gross amount of supplemental Medi-Cal inpatient disproportionate share payments made to hospitals during the reporting period under SB 855 (Chapter 279, Statutes of 1991). Since disproportionate share payments have a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 145 (DED_CNTY)

FIELD NAME: DEDUCTIONS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of County Indigent Programs contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. This amount includes tobacco tax funds received by county hospitals and certain non-county hospitals who are under contract to provide care to county-sponsored indigent patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 146 (DED_THRD)

FIELD NAME: DEDUCTIONS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Other Third Parties contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. Prior to 1997, the amount of capitation premium revenue received or due from managed care health plans under a capitated contract was included in this field, i.e., credited (netted) against Other Third Parties contractual adjustments. Beginning in 1997, capitation premium revenue (Line 155) are reported separately.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 147 (DED_BD)

FIELD NAME: DEDUCTIONS BAD DEBTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of a hospital's provision for bad debts, which is a deduction from gross patient revenue. Bad debts are the amount of charges the hospital is not able to collect from patients who are able to pay for all or part of their bill, but are unwilling to pay.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 148 (DED_HB)

FIELD NAME: DEDUCTIONS CHARITY - HILL-BURTON

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided to satisfy the hospital's obligation under the Hill-Burton program. This is a deduction from gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 149 (DED_CHAR)

FIELD NAME: DEDUCTIONS CHARITY-OTHER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided, other than under the Hill-Burton program, for those patients who are unable to pay for all or part of their bill or are not sponsored by any form of third party coverage. Uncollectible amounts related to patients who are unable to pay for services, but are the responsibility of a county, are reported in Line No. 145, Deductions County Indigent Programs. This is a deduction from gross patient revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 150 (DED_REST)

FIELD NAME: DEDUCTIONS RESTRICTED DONATIONS AND SUBSIDIES FOR INDIGENT CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of restricted donations and governmental subsidies for indigent care, including tobacco tax funds received by most non-county hospitals. No MISP funds are included since that payment program was canceled with the passage of AB 99 (Chapter 278, Statutes of 1991). This amount is used to offset the cost of charity care. Since restricted donations and subsidies have a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 151 (DED_TCH)

FIELD NAME: DEDUCTIONS TEACHING ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charges written-off when it is determined by the teaching hospital that the selected patient does not have the ability to pay but whose case would benefit the teaching mission of the hospital. This reporting item is used only by the University of California hospitals.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 152 (DED_CLIN)

FIELD NAME: DEDUCTIONS CLINICAL TEACHING SUPPORT

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of support provided exclusively to the University of California hospitals to offset a portion of the cost of their teaching mission. These funds are offset against the Teaching Allowances reported in Line No. 151. Since Clinical Teaching Support has a credit balance, the value of this line will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 155 (DED_CAP)

FIELD NAME: DEDUCTIONS CAPITATION PREMIUM REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The gross amount of capitation premium revenue received by the hospital or due from managed care health plans under a capitated contract. This amount may not be reduced to reflect the cost of healthcare services purchased from another hospital for a hospital patient enrolled in a managed care health plan for which the hospital is responsible for providing care. Prior to 1997, capitation premium revenue was credited (netted) against Other Third Parties contractual adjustments (Line 146).

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 159 (DED_OTH)

FIELD NAME: DEDUCTIONS OTHER ADJUSTMENTS AND ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of deductions from revenue which is not included elsewhere, including policy discounts and administrative adjustments.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 160 (DED_TOT)

FIELD NAME: DEDUCTIONS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The sum of all deductions from revenue. Included in total deductions from revenue is provision for bad debts; third party contractual adjustments; charity; teaching allowances; and other adjustments, net of SB 855 Disproportionate Share Payments for Medi-Cal, Restricted Donations and Subsidies for Indigent Care, and Clinical Teaching Support.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 161 (NET_MCAR)

FIELD NAME: NET PATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medicare program for services provided and goods sold to Medicare patients. This amount equals Medicare gross patient revenue minus Medicare contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medicare patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 162 (NET_MCAL)

FIELD NAME: NET PATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medi-Cal program for services provided and goods sold to Medi-Cal patients. This amount equals Medi-Cal gross patient revenue minus Medi-Cal contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medi-Cal patients. Disproportionate share payments provided by SB 855, SB 1255, and SB 1732, and Graduate Medical Education Funds, are included in this amount.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 163 (NET_CNTY)

FIELD NAME: NET PATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from counties for services provided and goods sold to County Indigent Program patients. This amount equals County Indigent Program gross patient revenue minus County Indigent Program contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to County Indigent Program patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 164 (NET_THRD)

FIELD NAME: NET PATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from Other Third Party Payers for services provided and goods sold to Other Third Parties patients. This amount equals Other Third Parties gross patient revenue minus Other Third Parties contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Other Third Parties patients.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 169 (NET_OTH)

FIELD NAME: NET PATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from payers **other than** Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties for services provided and goods sold. This amount equals Other Payers gross patient revenue minus all deductions from revenue not deducted elsewhere.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 170 (NET_TOT)

FIELD NAME: NET PATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges at the hospital's full established rates for services rendered and goods sold to all patients minus all deductions from revenue.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 180 (OTHOPREV)

FIELD NAME: OTHER OPERATING REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Other operating revenue includes revenue from non-patient care services to patients, and sales and activities to persons other than patients, but not from patient care services. Examples include television rental income, rebates and refunds on expenses, and non-patient food sales.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 185 (NONOPREX)

FIELD NAME: NET NONOPERATING REVENUE AND EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The difference between non-operating revenue and non-operating expenses. Non-operating revenue and expenses are revenue and expenses of the hospital not directly related to patient care, related patient services, or the sale of related goods. Examples include a gain or loss on sale of hospital property, unrestricted investment income, medical office building revenue and expenses, and government appropriations. If non-operating expenses are greater than non-operating revenue, the value will be negative.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 190 (CAPITAL)

FIELD NAME: TOTAL CAPITAL EXPENDITURES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount expended during the reporting period for additions of property, plant, and equipment, including expenditures which have the effect of increasing the capacity, efficiency, lifespan, or economy of operation of an existing fixed asset.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 195 (ASSETS)

FIELD NAME: FIXED ASSETS NET OF ACCUMULATED DEPRECIATION

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The cost of fixed assets, including land, land improvements, buildings, building improvements, leasehold improvements, and equipment, less accumulated depreciation thereon, plus construction-in-progress, as of the end of the reporting period.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 200 (DISP_TFR)

FIELD NAME: DISPROPORTIONATE SHARE FUNDS TRANSFERRED

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of SB 855 and/or SB 1255 Medi-Cal disproportionate share funds transferred from the hospital to a related public entity during the reporting period, or accrued for transfer in the next reporting period. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Only county, district, and University of California hospitals will report this item.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 205 (PURIPDIS)

FIELD NAME: PURCHASED INPATIENT SERVICES DISCHARGES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of discharges related to inpatient care services purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient discharges are excluded from the discharges reported in Line Numbers 41 through 55.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 210 (PURIPDAY)

FIELD NAME: PURCHASED INPATIENT SERVICES PATIENT DAYS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient days are excluded from the patient days reported in Line Numbers 61 through 75.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

LINE NO./FIELD TITLE: 215 (PURIPEXP)

FIELD NAME: PURCHASED INPATIENT SERVICES EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Expenses associated with patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services expenses are included in Line No. 100, Total Operating Expenses.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

DATA FIELD DEFINITIONS

LINE NO./FIELD TITLE: 220 (PURIPREV)

FIELD NAME: PURCHASED INPATIENT SERVICES REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges recorded by the hospital for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services revenue is included in the gross inpatient revenue amounts reported in Line Numbers 121 through 130.

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

CALCULATIONS AND FORMULAS

OSHPD calculates and publishes various data derived from submitted quarterly reports. This section contains a list of common calculated data items which are not included in the diskette file. Line No. refers to the line number of a reported data field as it appears on the Quarterly Financial and Utilization Report form.

Utilization Calculations

Formulas

Average Length of Stay (ALOS)

Patient Days Total (Line No. 70) ÷ Discharges Total (Line No. 50)

Average Length of Stay (excluding LTC)

[Patient Days Total (Line No. 70) - Patient Days Long-term Care (Line No. 75)] ÷ [Discharges Total (Line No. 50) - Discharges Long-term Care (Line No. 55)]

Medicare ALOS

Line No. 61 ÷ Line No. 15

Medi-Cal ALOS

Line No. 62 ÷ Line No. 42

Co. Indigent Programs ALOS

Line No. 63 ÷ Line No. 43

Other Third Parties ALOS

Line No. 64 ÷ Line No. 44

Other Payers ALOS

Line No. 69 ÷ Line No. 49

Licensed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Licensed Beds (Line No. 25) x Days in Report Period)

Days in Report Period is End Date (Line No. 20) - Begin Date (Line No. 19) + one.

Available Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Available Beds (Line No. 30) x Days in Report Period)

Staffed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Staffed Beds (Line No. 35) x Days in Report Period)

Adjusted Patient Days

[(Gross Inpatient Revenue Total (Line No. 130) + Gross Outpatient Revenue Total (Line No. 140)) ÷ Gross Inpatient Revenue Total (Line No. 130)] x Patient Days Total (Line No. 70)

CALCULATIONS AND FORMULAS

Financial Calculations

Gross Inpatient Revenue Per Discharge

Medicare Revenue Per Discharge

Medi-Cal Revenue Per Discharge

Co. Indigent Programs Revenue Per Discharge

Other Third Parties Revenue Per Discharge

Other Payers Revenue Per Discharge

Gross Inpatient Expense Per Discharge

Gross Inpatient Revenue Per Day

Medicare Revenue Per Day

Medi-Cal Revenue Per Day

Co. Indigent Programs Revenue Per Day

Other Third Parties Revenue Per Day

Other Payers Revenue Per Day

Gross Inpatient Expense Per Day

Gross Outpatient Revenue Per Visit

Medicare Revenue Per Visit

Medi-Cal Revenue Per Visit

Co. Indigent Programs Revenue Per Visit

Other Third Parties Revenue Per Visit

Other Payers Revenue Per Visit

Gross Outpatient Expense Per Visit

Formulas

Gross Inpatient Revenue Total (Line No. 130) ÷
Discharges Total (Line No. 50)

Line No. 121 ÷ Line No. 15

Line No. 122 ÷ Line No. 42

Line No. 123 ÷ Line No. 43

Line No. 124 ÷ Line No. 44

Line No. 129 ÷ Line No. 49

Inpatient Operating Expenses (Line No. ---)
÷ Discharges Total (Line No. 50)

Gross Inpatient Revenue Total (Line No. 130) ÷
Patient Days Total (Line No. 70)

Line No. 121 ÷ Line No. 61

Line No. 122 ÷ Line No. 62

Line No. 123 ÷ Line No. 63

Line No. 124 ÷ Line No. 64

Line No. 129 ÷ Line No. 69

Inpatient Operating Expenses (Line No. ---) ÷
Patient Days Total (Line No. 70)

Gross Outpatient Revenue Total (Line No. 140) ÷
Outpatient Visits Total (Line No. 90)

Line No. 131 ÷ Line No. 81

Line No. 132 ÷ Line No. 82

Line No. 133 ÷ Line No. 83

Line No. 134 ÷ Line No. 84

Line No. 139 ÷ Line No. 89

Outpatient Operating Expenses (Line No. --) ÷
Outpatient Visits Total (Line No. 90)

CALCULATIONS AND FORMULAS

Financial Calculations

Formulas

Pre-tax Net Income (Loss)

Net Patient Revenue Total (Line No. 170)+ Other Operating Revenue (Line No. 180) - Total Operating Expenses (Line No. 100) + Net Nonoperating Revenue and Expenses (Line No. 185)

Operating Margin

("Net from Operations" ÷ "Total Operating Revenue") x 100

"Net from Operations" equals Net Patient Revenue Total (Line No. 170) + Other Operating Revenue (Line No. 180) - Total Operating Expenses (Line No. 100)

"Total Operating Revenue" equals Net Patient Revenue Total (Line No. 170) + Other Operating Revenue (Line No. 180)

Cost-to-Charge Ratio

[Total Operating Expenses (Line No. 100) - Other Operating Revenue (Line No. 180)] ÷ [Gross Inpatient Revenue Total (Line No. 130) + Gross Outpatient Revenue Total (Line No. 140)]

Uncompensated Care Costs

The following formulas are defined in law and are used by the Office to calculate each hospital's uncompensated care costs, and are applicable only to the allocation of Tobacco Tax funds provided by AB 75 and AB 99 (Statutes of 1989 and 1991). Other formulas and definitions may exist for determining uncompensated care costs in non-Tobacco Tax allocation situations.

For county hospitals, and for non-county hospitals located in a county without a county hospital

[Gross Inpatient Revenue County Indigent Programs (Line No. 123) + Gross Outpatient Revenue County Indigent Programs (Line No. 133) + Deductions Charity - Other (Line No. 149)] x "Cost-to-Charge Ratio"

For non-county hospitals located in a county with a county hospital

Deductions County Indigent Programs (Line No. 145) + Deductions Charity - Other (Line No. 149)] x "Cost-to-Charge Ratio"

"Cost-to-Charge Ratio" is defined above.

COUNTY TO HFPA CROSS-REFERENCE LIST

This section lists in county number/name order the Health Facility Planning Area (HFPA) numbers and HFPA names that are located in that county. In some instances, the HFPA may cross the boundaries of more than one county.

<u>Co. No.</u>	<u>HSA County Name</u>	<u>HFPA No.</u>	<u>No.</u>	<u>Multiple-counties* HFPA Name</u>	<u>(County No.)</u>		
1	Alameda	5	415	Berkeley			
1	Alameda	5	417	Oakland			
1	Alameda	5	419	Livermore			
1	Alameda	5	421	Hayward			
2	Alpine	6	501	Jackson	2	3	
3	Amador	6	501	Jackson	2	31	
4	Butte	1	219	Chico			
4	Butte	1	220	Paradise			
4	Butte	1	221	Oroville			
5	Calaveras	6	503	San Andreas			
6	Colusa	1	225	Colusa			
7	Contra Costa	5	411	Concord			
7	Contra Costa	5	413	Richmond			
8	Del Norte	1	101	Crescent City			
9	El Dorado	2	304	Placerville			
9	El Dorado	2	306	South Lake Tahoe			
10	Fresno	9	605	Fresno			
10	Fresno	9	607	Reedley			
10	Fresno	9	609	Coalinga			
11	Glenn	1	223	Willows			
12	Humboldt	1	103	Hoopla	12	47	53
12	Humboldt	1	105	Eureka			
12	Humboldt	1	107	Fortuna			
12	Humboldt	1	109	Garberville	12	23	
13	Imperial	14	1424	Imperial County			
14	Inyo	12	1201	Southern Inyo County			
14	Inyo	12	1203	Northern Inyo County			
15	Kern	9	617	Bakersfield			
15	Kern	9	619	Kern River Valley			
15	Kern	9	621	Ridgecrest			
15	Kern	9	623	Tehachapi			
15	Kern	9	625	Taft			
16	Kings	9	615	Hanford			
17	Lake	1	115	Lakeport			
18	Lassen	1	210	Fall River Mills	18	45	
18	Lassen	1	213	Susanville			

COUNTY TO HSPA CROSS-REFERENCE LIST

Co. No.	HSA County Name	HSPA No.	Multiple-counties* No.	HSPA Name	(County No.)	
19	Los Angeles	11	901	Lancaster		
19	Los Angeles	11	903	San Fernando		
19	Los Angeles	11	905	Van Nuys		
19	Los Angeles	11	907	Burbank		
19	Los Angeles	11	909	Glendale		
19	Los Angeles	11	911	Pasadena		
19	Los Angeles	11	913	West San Gabriel		
19	Los Angeles	11	915	East San Gabriel		
19	Los Angeles	11	917	Pomona		
19	Los Angeles	11	919	Whittier		
19	Los Angeles	11	921	Downey/norwalk		
19	Los Angeles	11	923	Lynwood		
19	Los Angeles	11	925	Los Angeles		
19	Los Angeles	11	927	Santa Monica		
19	Los Angeles	11	929	Inglewood		
19	Los Angeles	11	931	Torrance		
19	Los Angeles	11	933	Long Beach		
19	Los Angeles	11	935	Watts		
19	Los Angeles	11	937	La Canada		
20	Madera	9	601	Madera		
21	Marin	4	405	San Rafael		
22	Mariposa	9	603	Mariposa		
23	Mendocino	1	109	Garberville	12	23
23	Mendocino	1	111	Fort Bragg		
23	Mendocino	1	112	Willits		
23	Mendocino	1	113	Ukiah		
24	Merced	6	515	Merced		
24	Merced	6	516	Turlock	24	50
24	Merced	6	517	Los Banos		
25	Modoc	1	201	Alturas		
26	Mono	12	1205	Mono County		
27	Monterey	8	705	Salinas		
27	Monterey	8	707	Monterey		
27	Monterey	8	709	King City		
27	Monterey	8	711	Watsonville	27	44
28	Napa	3	407	Napa		
29	Nevada	2	301	Nevada City	29	46
29	Nevada	2	302	North Lake Tahoe	29	31
30	Orange	13	1011	Fullerton		
30	Orange	13	1012	Anaheim		
30	Orange	13	1013	Buena Park		
30	Orange	13	1014	Huntington Beach		
30	Orange	13	1015	Santa Ana		
30	Orange	13	1016	Newport Beach		
30	Orange	13	1017	South Orange		
31	Placer	2	302	North Lake Tahoe	29	31
31	Placer	2	308	Auburn		
31	Placer	2	309	Roseville	31	34
32	Plumas	1	215	Quincy		
32	Plumas	1	217	Portola		

COUNTY TO HFPA CROSS-REFERENCE LIST

Co. No.	HSA County Name	HFPA No.	Multiple-counties* No.	HFPA Name	(County No.)	
33	Riverside	12	1101	Blythe		
33	Riverside	12	1103	Indio		
33	Riverside	12	1105	Palm Springs		
33	Riverside	12	1107	Banning		
33	Riverside	12	1109	Hemet		
33	Riverside	12	1111	Riverside		
34	Sacramento	2	309	Roseville	31	34
34	Sacramento	2	311	Sacramento	34	57
35	San Benito	8	701	Hollister		
36	San Bernardino	12	1207	West End San Bernardino		
36	San Bernardino	12	1209	Metropolitan San Bernardino		
36	San Bernardino	12	1211	Victor Valley		
36	San Bernardino	12	1213	Barstow		
36	San Bernardino	12	1214	Morengo Basin		
36	San Bernardino	12	1215	Needles		
36	San Bernardino	12	1217	Bear Valley		
37	San Diego	14	1412	Inland North San Diego Co.		
37	San Diego	14	1414	Coastal North San Diego Co		
37	San Diego	14	1416	North San Diego City		
37	San Diego	14	1418	Central San Diego City		
37	San Diego	14	1420	South San Diego County		
37	San Diego	14	1422	East San Diego County		
38	San Francisco	4	423	San Francisco		
39	San Joaquin	6	505	Lodi		
39	San Joaquin	6	507	Stockton		
39	San Joaquin	6	509	Tracy		
39	San Joaquin	6	511	Modesto	39	50
40	San Luis Obispo	8	801	San Luis Obispo		
41	San Mateo	4	425	Daly City		
41	San Mateo	4	427	San Mateo		
41	San Mateo	4	428	Redwood City		
42	Santa Barbara	10	803	Santa Maria		
42	Santa Barbara	10	805	Lompoc		
42	Santa Barbara	10	807	Santa Barbara		
43	Santa Clara	7	429	Palo Alto		
43	Santa Clara	7	431	San Jose		
43	Santa Clara	7	433	Gilroy		
44	Santa Cruz	8	703	Santa Cruz		
44	Santa Cruz	8	711	Watsonville	27	44
45	Shasta	1	209	Redding		
45	Shasta	1	210	Fall River Mills	18	45
46	Sierra	2	300	Loyalton		
46	Sierra	2	301	Nevada City	29	46
47	Siskiyou	1	103	Hoopa	12	47
47	Siskiyou	1	203	Yreka		53
47	Siskiyou	1	205	Mount Shasta		
48	Solano	3	408	Fairfield		
48	Solano	3	409	Vallejo		
49	Sonoma	3	401	Santa Rosa		

COUNTY TO HFPA CROSS-REFERENCE LIST

<u>Co. No.</u>	<u>HSA County Name</u>	<u>HFPA No.</u>	<u>Multiple-counties* No.</u>	<u>HFPA Name</u>	<u>(County No.)</u>		
49	Sonoma	3	403	Petaluma			
50	Stanislaus	6	511	Modesto	39	50	
50	Stanislaus	6	516	Turlock	24	50	
51	Sutter	2	227	Marysville	51	58	
52	Tehama	1	211	Red Bluff			
53	Trinity	1	103	Hoopa	12	47	53
53	Trinity	1	207	Weaverville			
54	Tulare	9	608	Dinuba			
54	Tulare	9	611	Visalia			
54	Tulare	9	613	Porterville			
55	Tuolumne	6	513	Sonora			
56	Ventura	10	809	Ventura			
56	Ventura	10	811	Oxnard			
56	Ventura	10	813	Thousand Oaks			
57	Yolo	2	311	Sacramento	34	57	
57	Yolo	2	313	Woodland			
58	Yuba	2	227	Marysville	51	58	

APPENDIX A

1999 HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT

This appendix is a copy of the 1999 Hospital Quarterly Financial And Utilization Report form. Because the Quarterly Reporting requirements remained unchanged from 1997 through 1999, this sample 1999 Quarterly Reporting form is also representative of the 1997 and 1998 data collection instruments.

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		1999 Quarter Ending:	OSHDP Facility No.:
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Line No.	FINANCIAL DATA ITEMS	1999 QUARTER
100.	Total Operating Expenses (including PPC expenses reported in line 110)	\$
110.	Physician Professional Component Expenses (PPC)**	\$
	Gross Inpatient Revenue (including PPC charges)	
121.	Medicare	\$
122.	Medi-Cal	
123.	County Indigent Programs	
124.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)	
129.	Other Payors	
130.	Total Gross Inpatient Revenue (sum of lines 121 thru 129)	\$
	Gross Outpatient Revenue (including PPC charges)	
131.	Medicare	\$
132.	Medi-Cal	
133.	County Indigent Programs	
134.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)	
139.	Other Payors	
140.	Total Gross Outpatient Revenue (sum of lines 131 thru 139)	\$
	Deductions from Revenue	
141.	Medicare Contractual Adjustments	\$
142.	Medi-Cal Contractual Adjustments	
143.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)	()
145.	County Indigent Programs Contractual Adjustments	
146.	Other Third Parties Contractual Adjustments (excluding capitation premium revenue)	
147.	Provision for Bad Debts (including bad debt recoveries)	
148.	Charity - Hill-Burton	
149.	Charity - Other	
150.	Restricted Donations and Subsidies for Indigent Care	()
151.	Teaching Allowance (for U.C. teaching hospitals only)	
152.	Clinical Teaching Support (for U.C. teaching hospitals only)	()
155.	Capitation Premium Revenue	()
159.	Other Adjustments and Allowances	
160.	Total Deductions from Revenue (sum of lines 141 thru 159)	\$
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue)	
161.	Medicare	\$
162.	Medi-Cal	
163.	County Indigent Programs	
164.	Other Third Parties	
169.	Other Payors	
170.	Total Net Patient Revenue (sum of lines 161 thru 169) (Line 130 + line 140 - line 160)	\$
180.	Other Operating Revenue	\$
185.	Nonoperating Revenue Net of Nonoperating Expenses	\$
190.	Total Capital Expenditures (excluding disposal of assets)	\$
195.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)	\$
200.	Disproportionate Share Funds Transferred to Related Public Entity**	\$
	Purchased Inpatient Services	
205.	Discharges (Not included in lines 41 thru 50)**	
210.	Patient Days (Not included in lines 61 thru 70)**	
215.	Expenses (included in line 100)**	\$
220.	Revenue (included in lines 121 thru 130)**	\$

** The reporting of this item is optional.

Note: Effective with calendar quarters ended on or after March 31, 1994, all hospitals are required to prepare this quarterly report using the Office-provided Hospital Quarterly Reporting System (HQRS) software and to submit the report by modem to the Office's Bulletin Board System, unless the Office has granted approval in writing to submit this report using this standard report form or the HQRS-produced facsimile report.